PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Арр	Application or Docket Number			
CLAIMS AS FILED - PART I SMALL ENT									TITV /	<del></del>	OTHER		
· · · · · · · · · · · · · · · · · · ·			(Colum	(Column 1) (Col				TYPE		OR		R THAN ENTITY	
	· · · · · · · · · · · · · · · · · · ·	STAGE FEES	·					RATE	FEE	7	RATE	FEE	
BA:	SIC FEE					IGE ENT. = \$ 300		BASIC FEE	3/11/1	OR	BASIC FEE	+	
EXAMINATION FEE			Satisfies PCT A (4) = \$ 50	vrticle 33(1)- 0 / \$ 100		other situations = \$ 100 / \$ 200		EXAM. FEE	311/11	1	EXAM. FEE	<del> </del>	
SEARCH FEE .			ALL other cou	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400				SEARCH FEE	4110	1	SEARCH FEE	<del> </del>	
FEE	FOR EXTRA	SPEC. PGS.	min	nus 100 =		/50 ≐		X \$ 125 =	130.0	1	X \$ 250 =	<del> </del>	
T01	TAL CHARGEA	BLE CLAIMS	(0 () mi	inus 20 = ,				X \$ 25 =	1.00	OR	<u> </u>	<del> </del>	
IND	EPENDENT CL	AIMS	3 "	ninus 3 = ,	• `	/		X \$ 100 =	<del> </del>	OR	X \$ 200 =	<del> </del>	
MUL	TIPLE DEPEN	NDENT CLAIM PRI	ESENT	<u>-</u>				+ \$ 180 =	<del>                                     </del>	OR	+ \$ 360 =	<del>                                      </del>	
* If	the difference	e in column 1 is	less than zero	less than zero, enter "0" in column 2			L.	TOTAL	<del> </del>	OR.	+ \$ 360 =	<del> </del>	
MENT A	·	(Column 1) CLAIMS REMAINING	AMENDED	(Column 2) (Column 3)  HIGHEST NUMBER PRESENT			·	SMALL E	ENTITY ADDI-	OR	OTHER SMALL E	ENTITY	
	Total	AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE .	ADDI- TIONAL FEE	
AMENDMENT			Minus	**		=	L	X \$ 25 =		OR	X \$ 50 =		
.₩	Independent	<u> </u>	Minus	***		=	L	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	IULTIPLE DEPE	ENDENT C	LAIM		L	+ \$ 180 =		OR	+ \$ 360 =		
•	.,					·	T	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)	·	(Column		(Column 3)		·					
NT B		REMAINING · AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		÷		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=	1	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 =								OR	+ \$ 360 =			
•								OTAL ADDIT.			TOTAL ADDIT.	•	
							·	FEE		UN	FEE		

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)